



95 Hudson River Rd
Waterford, NY 12188
518 326 8450

Bill To

CMI Management, LLC
5285 Shawnee Rd, Suite 510
Alexandria, VA 22312 US

Invoice 103840

Aug 22, 2023

Job Number

102361

PO Number

CSS#94024-NY128

Payment Terms

Net30

Total Due

\$3,471.07

Due Date

Sep 21, 2023

CUSTOMER NAME

CMI Management, LLC

PROPERTY NAME

Saugerties Army (NY128)

PROPERTY ADDRESS

1001 Kings Hwy
Saugerties, NY 12477

AUTHORIZED BY

CUSTOMER WO

NTE

Invoice Summary

Price per quote to repair the chiller, based on the scope of work equal to \$3,471.07.

Item Name	Description	Quantity	Unit Price	Price Subtotal
Quoted Work	Quoted Work	1	\$3,471.07	\$3,471.07
		1		\$3,471.07

Subtotal	\$3,471.07
Taxable Subtotal	\$0.00
Sales Tax Rate	0%
Tax Amount	\$0.00
Total	\$3,471.07

Terms of Service

TERMS AND CONDITIONS: This invoice will be considered correct unless notification is received within 5 days from date. Invoices not paid within 30 days will be considered past due. A FINANCE CHARGE of one and one half percent (1.5%) per month thereafter will be charged on the unpaid balance for an annual percentage rate of eighteen percent. (18%) In case of non-payment, cost of collection on including reasonable attorney's fee will be charged. All payments made by credit card will be issued a 3.5% processing fee.

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY128 SAUGETIES Date of Visit: 8-21-23

Contractor Personnel on Site:

- | | |
|------------------|----------|
| 1. <u>Mike D</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|---------------|-------|
| 1. <u>P-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>P-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>P-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls - Service Call Number and Description

- | | |
|--|-------------------|
| 1. <u>CSS# 94024</u> | <u>BPI 102361</u> |
| 2. <u>Replaced both Supply & Return Temp Sensors, cps Normal</u> | |
| 3. <u>NOT ABLE TO LOCATE LEAK, ADDED 25LB 410-A TO CRKT</u> | |
| <u>1, PSI & Top @ CRKT 1 - cps Normal</u> | |

Over and Above Repair Work – Order Number and Description of Work Completed

CSS# 94024 BPI 102361
Replaced BOTH Supply & RETURN glycol Temp Sensors
PS NORMAL
NOT ABLE TO LOCATE LEAK IN CRKT 1 (possible Loose cure STEM)
ADDED 25 LB R410-A TO CRKT 1, PSI NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

5-21-23

Signed:

[Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank:

Chris Pothier

AFOS

Date:

5-21-23

Signed:

[Signature]

E-Mail: